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CONFIRMATION NO. 3313

SERIAL NUMBER 10/797,470	FILING OR 371(c) DATE 03/10/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. AMS-175
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/453,684 03/10/2003
 and claims benefit of 60/508,123 10/02/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged 40636	Examiner's Signature	Initials		

ADDRESS

40636

TITLE

IMPLANTABLE PENILE PROSTHESIS PUMP

FILING FEE RECEIVED 936	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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